PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

| appropriate. All further indicated unless correcte maintenance fee notifica | ed below or directed oth | ng the Patent, advance of herwise in Block 1, by (| a) specifying a new corre | maintenance fees w spondence address; | and/or (l | to the current b) indicating a sepa | rate "FEE A | nce address as DDRESS" for |
|--|---|---|--|---|--|--|--|---|
| CURRENT CORRESPOND | Fee | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | | |
| 22862 | 7590 09/11 | /2007 | | | | - - | | |
| GLENN PATE 3475 EDISON V MENLO PARK | I he Sta add tran | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | |
| | | | <u></u> | Della Revecho | | | | (Depositor's name) |
| | | | | KRIMIC. | Kr- | | | (Signature) |
| | • | | 7 | December 06, 2 | 2007 | | | · (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATTORNE | | EY DOCKET NO. | DOCKET NO. CONFIRMATION NO. | |
| 10/769,153 | 10/769,153 01/29/2004 | | Stuart D. Edwards | ds NOVA0003D | | DVA0003D | 8508 | |
| ritle of invention | : TREATMENT OF UR | INARY INCONTINENC | E AND OTHER DISORE | DERS BY APPLICA | TION O | F ENERGY AND D | RUGS | |
| | | | | • | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | DDEV BAID ISSUE | PREV. PAID ISSUE FEE TO | | T DA | TE DUE |
| nonprovisional | YES | A | | \$0 | ***** | | | 11/2007 |
| EXAMINER | | =\$ 790 \$720 | CLASS-SUBCLASS |] | | \$1 | 020 | 11/2007 |
| GIBSON, ROY DEAN | | 3739 | 607-104000 | ٠ . | - | | | |
| • | | 2. For printing on the p | patent front page, lis | t | Nicha | -LA Clar | | |
| . Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | |
| Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form | | | | | | | | |
| PTO/SB/47; Rev 03-0 Number is required. | 2 or more recent) attach | 2 registered patent attorneys or agents. If no name is 3 | | | | | | |
| | | | THE PATENT (print or ty | • • | | | , | |
| PLEASE NOTE: Unl recordation as set fort | ess an assignee is ident h in 37 CFR 3.11. Comp | ified below, no assignee pletion of this form is NO | data will appear on the p T a substitute for filing an | atent. If an assigno assignment. | ee is iden | tified below, the de | ocument has | been filed for |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| NOVASYS MEDICAL, INC. NEWARK, CALIFORNIA | | | | | | | | |
| Please check the appropri | iate assignee category or | categories (will not be pr | inted on the patent) : | Individual 🛭 Co | rporation | or other private gro | up entity [| Government |
| a. The following fec(s) | are submitted: | 4 | Payment of Fec(s): (Ples | ase first reapply an | y previou | usly paid issue fee | shown above | ;) |
| Issue Fee | lo small antitu dissount n | A check is enclosed. | rd Form DTO 2028 | ia attach | ad | | | |
| Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | | |
| Change in Entity Stat | tus (from status indicated | d above) | overpayment, to Depo | osit Account Numbe | _ 0/- | 1445 (cnclose ar Patent Group | 1 extra copy o | of this form). |
| a. Applicant claims | s SMALL ENTITY statu | is. See 37 CFR 1.27. | ☐ b. Applicant is no lon | · | L ENTIT | Y status. See 37 Cl | | |
| NOTE: The Issue Fee and neterest as shown by the r | d Publication Fee (if requeeords of the United Sta | uired) will not be accepted tes Patent and Trademark | d from anyone other than t Office. | the applicant; a regis | stered atte | orney or agent; or th | e assignee or | other party in |
| Authorized Signature | Elija | beth Rujie | L | Date | De | ecember 06, 20 |)07 | |
| Typed or printed name | Elizabeth | Ruzich | · | Registration N | o. <u>54</u> | ,416 | | |
| his collection of information application. Confident ubmitting the completed his form and/or suggestions. | ation is required by 37 C iality is governed by 35 I application form to the ons for reducing this but | CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the | on is required to obtain or a 1.14. This collection is est depending upon the individual of the complete of th | retain a benefit by the timated to take 12 my vidual case. Any con er, U.S. Patent and | ne public ninutes to mments o Frademark | which is to file (and complete, includin in the amount of tin k Office, U.S. Dens | by the USP1 g gathering, j ne you require artment of Co | ΓΟ to process) preparing, and re to complete ommerce, P.O. |
| Box 1450, Alexandria, V Nexandria, Virginia 223 | irginia 22313-1450. DO 13-1450 | NOT SEND FEES OR | COMPLETED FORMS TO | O THIS ADDRESS | . SEND T | O: Commissioner | or Patents, P | .O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.